

Supplemental Application Data Sheet

Application Information

Application number::	10/580,635
Filing Date::	
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R??::	
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	MUTATED ANTI-CD22 ANTIBODIES AND IMMUNOCONJUGATES
Attorney Docket Number::	015280-500100US
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	8
Small Entity?::	
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers One::	
Secrecy Order in Parent Appl.::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Ira
Middle Name:: H.
Family Name:: Pastan
Name Suffix::
City of Residence:: Potomac
State or Province of Residence:: MD
Country of Residence:: US
Street of Mailing Address:: 11710 Beall Mountain Road
City of Mailing Address:: Potomac
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 20854

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Mitchell
Middle Name::
Family Name:: Ho
Name Suffix::
City of Residence:: North Potomac
State or Province of Residence:: MD
Country of Residence:: US
Street of Mailing Address:: 13859 Grey Colt Drive
City of Mailing Address:: North Potomac
State or Province of mailing address:: MD

Country of mailing address:: US
Postal or Zip Code of mailing address:: 20878

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Korea, South
Status:: Full Capacity
Given Name:: Sookhee
Middle Name::
Family Name:: Bang
Name Suffix::
City of Residence:: Glendale
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 224 West Dryden St., E420
City of Mailing Address:: Glendale
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 91202

Correspondence Information

Correspondence Customer Number:: 45115

Representative Information

Representative Customer Number:: 45115

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application is a which	National Stage (371) of claims benefit of	PCT/US04/039617 60/525,371	11/24/04 11/25/03

Assignee Information

Assignee Name:: The Government of the United States, as
Represented by the Secretary of Health and
Human Services
Street of mailing address:: 6011 Executive Boulevard, Suite 325
City of mailing address:: Rockville
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 20852-3804